

Postmortal or living related donor: preferences of kidney patients

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We read with interest the article by Kranenburg *et al.* [1] 'Postmortal or living related donor: preferences of kidney patients' which studies the attitude towards living transplantation of patients on the waiting list for a kidney transplant in a Dutch hospital. Opinion studies of this type are indispensable if we wish to encourage living donation, as it is essential to understand the reality of the current situation.

In Spain, the current situation is totally different to that of Holland. Thus, in spite of being one of the countries with the highest level of cadaveric transplant activity, living transplantation is anecdotal [2]. It is possible that having a high level of cadaveric donation affects the low level of living donation, given that time on the waiting list for transplant is relatively short if we compare it with other countries [2].

The fact that living kidney donation has become the most common treatment option in the Netherlands in recent years may favour the optimistic results found in this study. In this way, the data obtained in this study show that 80% ($n = 49$) of patients would accept a living-related kidney, and that 82% ($n = 50$) would accept one from a non-related donor. These are data which contrast greatly with those obtained in our geographical area [3] where, on analysing the attitude of patients on the waiting list towards accepting an organ from a family member or waiting for a cadaveric organ, the percentage of patients who would accept living donation is between 5% and 30%, vs. 60–95% who would prefer to wait for a cadaveric organ [4]. These are results that are influenced, as already mentioned, by such a favourable situation which exists in our country with respect to cadaveric donation.

This explains the fact that although there is a favourable attitude towards living donation in the general public in Spain [5,6], healthcare personnel (the people who promote transplantation and suggest it to the patients) also have a positive attitude [7,8], and most transplant hospitals have an open programme of living kidney transplantation; this type of donation does not increase at the crucial moment.

To better understand the study by Kranenburg *et al.* [1], from our point of view (Spain), it would be interest-

ing to know the mean time spent on the transplant list by a patient waiting for a cadaveric kidney organ, given that this is one of the most important factors. Thus, the longer the time spent on the transplant waiting list, the more distant patients see the possibility of the transplant, and therefore, the more they consider living donation as an option.

The results of this study indicate that after general information is provided about the types of donation available, the percentage of patients in favour rises to 90% ($n = 55$). There is a tendency to change preferences in favour of living donation when the patient understands the act, having enough information and not having any doubts about it [1]. The patient who is informed about the transplant procedure or who knows someone who has given or received a transplant, is more likely to have a more positive attitude towards organ donation [9,10]. However, when a patient feels that after waiting some time on the list the possibility of cadaveric donation might be near, as occurs in our country, it is difficult for this person to accept an organ which implies the 'mutilation' of a loved one.

The profile of the patient who would accept living donation in our geographical area is a young, single patient without descendents and with a good level of education, a subgroup we are focusing on in order to encourage living donation. In the study by Kranenburg *et al.* [1] these factors do not have an influence, possibly because, as already stated, for the patient on the waiting list, the perception of the actual transplant situation differs greatly between Spain and Holland.

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